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Letter to the Editor

Challenges Implementing Preventive Measures at a Nursing-Skilled Facility in Mexico

The COVID-19 pandemic has tested the level of preparedness and readiness of governments across the globe. In some cases, discrepancies within their own structures, and/or the World Health Organization (WHO) recommendations have become evident.¹ Mexico's government was one of them, such that the microcosms of our nursing-skilled facility was adversely impacted.² Our nursing-skilled facility named Nuevo Atardecer (NA), is a 50-bed facility, with 32 full-time employees, and provides long-term care to the elderly in the city of Mexicali, Mexico.

This letter-to-the-editor describes actions implemented to prevent coronavirus infection and spread within our facility. We also present how our actions deviate chronologically from policy published in the Mexican official diary or *Diario Oficial de la Federación*.³

WHO declared the coronavirus outbreak, an infection of interest on January 30, 2020, and identified it as a pandemic on March 11, 2020, alerting about the elderly, as a high-risk population.^{4,5} Mexico had

the first confirmed case on February 28, 2020, and the first *Diario Oficial de la Federación's* publication identifying the outbreak as an infection of interest on March 23, 2020, followed by mitigation and risk control measures recommendations on March 24, 2020. Finally, on March 30, 2020, the "epidemic" was declared a public health emergency.³ Meanwhile, Mexico's president promoted public gatherings, and appeared in public events without observing social distancing as late as March 18, 2020.⁶ Since, the elderly population was identified as a high-risk-group, we decided to follow WHO and the Center for Disease Control reports, and started our own prevention strategy by March 3, 2020.

Our strategy, based on existing internal infection control policies, focused on six areas that were simultaneously addressed. These areas included patients, staff, families, vendors, community, and finances. We began training our staff on March 3, 2020, about the new coronavirus, frequent hand washing, proper hand sanitizer use, appropriate use of masks, face shields, hair covers, and removal of all-kind of jewelry. We built a biohazard-controlled perimeter to regulate facility entry; habilitated a room for staff to change into working clothes, and a log to document staff's body temperature at the start of every shift. By March 11, 2020, a freeze was imposed on new

admissions. As of March 16, 2020, we halted family visitations, administrative staff worked part time from home, and started patients' communication with their families digitally, in lieu of in-person visits. Ingress of vendors was kept behind the biohazard perimeter, and deliveries were sanitized prior to use. We kept community informed through social media outlets, and designed an expense contingency plan to offset the admissions freeze.

Patients adapted quickly to the halt on visitations, while their daily activities have remained mostly intact. No suspicious or confirmed COVID-19 cases have been identified up to the writing of this paper. Families, vendors, and social media followers, responded well and even gave positive feedback to the strategy. Staff represented the greatest challenge, as they required close and constant supervision to enforce compliance, especially adapting to the use of face and hair coverings. Thus, our actions, based on our decision to follow WHO and the Center for Disease Control reports rather than the Mexican Government guidelines likely played a significant role in preventing an outbreak within our facility. Our experience highlights the importance of aging care facilities, especially in low and middle-income countries, conducting independent comparisons between available local and international guidelines and adopting the more targeted

and stringently protective approach towards infection prevention. In conclusion, the behaviors and statements of political leaders have a great impact on their society with healthcare staff included; which can become a challenge in the implementation of prevention measures in a facility like ours.⁷

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